

FILED NOV 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34541

State File No.

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 274

1. PLACE OF DEATH a. COUNTY <u>COLE</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO</u> c. LENGTH OF STAY (in this place) <u>17 YRS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1211 E MC CARTY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u> d. STREET ADDRESS (If rural, give location) <u>1211 E. MC CARTY</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HELENA</u> b. (Middle) <u>THRESA</u> c. (Last) <u>WEAVERS</u>				4. DATE OF DEATH <u>NOV. 6, 1952</u> (Month) (Day) (Year)			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV. 4, 1882</u>	
9. AGE (in years last birthday) <u>70</u>		10. MONTHS <u>0</u>		11. DAYS <u>2</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS* OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>WARDSVILLE, MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOHN B. WILBERS</u>				13b. MOTHER'S MAIDEN NAME <u>MARY FRANK</u>			
14. NAME OF HUSBAND OR WIFE <u>WILLIAM WEAVERS</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM WEAVERS</u>				ADDRESS <u>J. C. MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>arteriosclerotic Heart Disease</u> DUE TO (b) <u>Disease</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4200</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-3</u> , 19 <u>47</u> , to <u>11-6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-6</u> , 19 <u>52</u> , and that death occurred at <u>7:45 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. P. O'Connell MD</u> (Degree or title)				23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>11/7/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 10, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. STANISLAUS</u>		24d. LOCATION (City, town, or county) (State) <u>WARDSVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 12-1952</u>		REGISTRAR'S SIGNATURE <u>R. O. Davis MD - MR.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Sullivan</u>		ADDRESS <u>J. C. MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 2 5 1958

JUN 2 5 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed _____

Sylvester Shelle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.